

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **13897**  
Registrar's No. **385**

BIRTH NO. _____		REG. DIST. NO. <b>128</b>		PRIMARY REG. DIST. NO. <b>2000</b>		Registrar's No. <b>385</b>	
1. PLACE OF DEATH a. COUNTY <b>GREENE</b> b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <b>OLZARK OSTEOPATHIC HOSPITAL</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Greene</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>Bois D'Arc, Rural</b> d. STREET ADDRESS (If rural, give location) <b>RR #1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Oliver</b> c. (Last) <b>Rogers</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 13 - 1953</b>		5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>June 2 - 1889</b>		9. AGE (In years last birthday) <b>63</b>		10. IF UNDER 1 YEAR Months <b>10</b> Days <b>19</b>	
11. BIRTHPLACE (State or foreign country) <b>Antioch, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>James Madison Rogers</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Jane Davis</b>	
14. NAME OF HUSBAND OR WIFE <b>Melvin Rogers</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Melvina Rogers</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TERMINAL PNEUMONIA</b> <b>2. ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>CHRONIC PROGRESSING BRONCHECTASIS</b> <b>3. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>526 X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>3-10-</b> , 19 <b>51</b> , to <b>4-13-</b> , 19 <b>53</b> that I last saw the deceased alive on <b>4-13-</b> , 19 <b>53</b> , and that death occurred at <b>6 a</b> m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <b>R. L. Mitchell M.D.</b>	
23b. ADDRESS <b>Republic, Mo.</b>		23c. DATE SIGNED <b>4-13-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 16, 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Hazelwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Alma Schmeier</b>		25. ADDRESS <b>Springfield, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-14-53</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>		25. ADDRESS <b>Springfield, Mo.</b>		25. ADDRESS <b>Springfield, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV. 5 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Carl J. Glenn*

Licensed Embalmer No. 4707

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.